

CLAIMS ONLY

Application Number

10632730

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | |
| 2 | cancel | | | | | |
| 3 | cancel | | | | | |
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| 18 | cancel | | | | | |
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| Depend | 15 | | | | | |
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| Claims | 20 | | | | | |

| | Indep | Depend | Indep | Depend | Indep | Depend |
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